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# TRANSMITTAL FORM

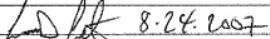
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/840,730
		Filing Date	04/23/2001
		First Named Inventor	Hufford, Michael R.
		Art Unit	3629
		Examiner Name	Traci CASLER
Total Number of Pages in This Submission	2	Attorney Docket Number	IVQ-003RCE

**ENCLOSURES (Check all that apply)**

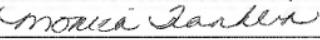
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	WILSON SONSINI GOODRICH & ROSATI		
Signature	 8-24-2007		
Printed Name	Louis Lieto, PhD.		
Date	August 24, 2007	Reg. No.	60,302

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Typed or printed name	Monica Franklin	Date	August 24, 2007

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